

Monthly PEBB COBRA Retiree Rates

Effective January 1, 2004

Special Requirements

1. To qualify for the Medicare rate, you must be enrolled in both Parts A and B of Medicare.
2. Medicare-enrolled subscribers in Group Health Cooperative's Medicare+Choice plan, Kaiser Senior Advantage, and PacifiCare Secure Horizons plans must agree to and sign the *Medicare+Choice Plan Election Form* to qualify for the lower Medicare rate. For more information on these requirements, please contact your health plan's customer service department.

Medical Plans								
Subscribers not eligible for Medicare (or enrolled in Part A only):	Community Health Plan of Washington	Group Health Cooperative	Group Health Options	Kaiser Foundation Health Plan of the Northwest	PacifiCare of Washington, Inc.	RegenceCare	Uniform Medical Plan Preferred Provider Organization	UMP Neighborhood
Subscriber Only	\$334.84	\$336.80	\$354.68	\$326.11	\$ 373.83	\$ 374.71	\$322.84	\$313.12
Subscriber & Spouse	665.84	669.76	705.52	648.38	743.82	745.58	641.84	622.40
Subscriber & Child(ren)	583.09	586.52	617.81	567.81	651.32	652.86	562.09	545.08
Full Family	914.09	919.48	968.65	890.08	1,021.31	1,023.73	881.09	854.36
Subscribers enrolled in Parts A & B of Medicare:								
Subscriber Only	208.21	145.88	212.10	103.66	140.03	241.34	125.92	125.92
Subscriber & Spouse (1 eligible)	539.21	478.84	562.94	423.41	510.02	612.21	444.92	435.20
Subscriber & Spouse (2 eligible)	412.58	287.92	420.36	203.48	276.22	478.84	248.00	248.00
Subscriber & Child(ren)	456.46	395.60	475.23	345.36	417.52	519.49	365.17	357.88
Subscriber & Child(ren) (2 eligible)	412.58	287.92	420.36	203.48	276.22	478.84	248.00	248.00
Full Family (1 eligible)	787.46	728.56	826.07	667.63	787.51	890.36	684.17	667.16
Full Family (2 eligible)	660.83	537.64	683.49	445.18	553.71	756.99	487.25	479.96
Full Family (3 eligible)	616.95	429.96	628.62	303.30	412.41	716.34	370.08	370.08

Medicare rates shown above have been reduced by the state-funded contribution of \$102.35 per retiree per month.

For information, contact the Health Care Authority at 1-800-200-1004.

HCA 51-250R (10/03)

Medicare Supplement Plans

Premiera Blue Cross

	Plan E Retired	Plan E Disabled	Plan J Retired	Plan J Disabled
Subscriber Only	\$ 52.91	\$ 84.80	\$146.56	\$305.86
Subscriber & Spouse (1 eligible)*	371.91	403.80	465.56	624.86
Subscriber & Spouse (2 eligible - 1 retired, 1 disabled)	133.87	133.87	448.58	448.58
Subscriber & Spouse (2 eligible)	101.98	165.77	289.28	607.88
Subscriber & Child(ren) (1 eligible)*	292.16	324.05	385.81	545.11
Full Family (1 eligible)*	611.16	643.05	704.81	864.11
Full Family (2 eligible - 1 retired, 1 disabled)*	373.12	373.12	687.83	687.83
Full Family (2 eligible)*	341.23	405.01	528.53	847.13

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* If a Medicare supplement plan is selected, non-Medicare eligible dependents are enrolled in the Uniform Medical Plan Preferred Provider Organization (UMP PPO). The rates shown reflect the total rate due, including both the Medicare supplement and UMP PPO premiums.

Retiree Life Insurance Self-Pay Rate - \$2.19 per month

Dental Plans with Medical Plan	DeltaCare, administered by Washington Dental Service	Regence BlueShield Columbia Dental Plan	Uniform Dental Plan
Subscriber Only	\$32.38	\$ 39.05	\$ 35.38
Subscriber & Spouse	64.76	78.10	70.76
Subscriber & Child(ren)	64.76	78.10	70.76
Full Family	97.14	117.15	106.14